

Ranney (G. E.)

CORRESPONDENCE.

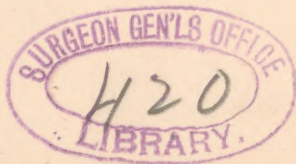
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To the Editor of the Journal of the American Medical Association:

In the JOURNAL of the 3d inst. appears a statement from Dr. E. W. Jenks, of Detroit, claiming to have been the principal in making an operation which I performed and reported to the JOURNAL of the 29th of November last. Dr. Jenks says: "I was waited on by Dr. Ranney on the 6th of October last, and received from him a description of the case referred to, and a statement of his relations to it. He had assumed charge of it, and had advised an operation, which he had engaged himself to undertake. It was one the importance of which he fully realized, and the realization convinced him of the advisability of having present at the operation some operator of experience."

This much is true, though I did not call upon Dr. Jenks with the intention of asking him to be present at the operation. I had not seen him since his removal from Chicago. He had written me from Chicago a friendly letter announcing his purpose of returning to Michigan. In view of our old acquaintance and cordial relations, I called on him, as stated above. In the course of the conversation at the time, I mentioned to him that I was going to perform ovariectomy on the next day but one. The doctor asked me if I had everything I wanted. I replied by saying that I would have before leaving the city.



“Have you a large steamer?” asked the doctor. I said that I had not, but had small ones which I intended to use. “Mine is all in order,” said Dr. Jenks, “and you can use that.” He seemed to *want* me to take it, and I was “charitable” enough to do so. I said I would have to provide myself with a larger trocar than I had, and he said that he had an extra large one which he would lend me. He spoke of some other instruments it might be desirable to have in certain emergencies. He was very cordial and his hospitality was ample. I finally said: “Doctor, there is not much money in this case, and, while I do not want to insult you, I will say that if you will come down and help me, I will divide what money comes out of it.” He accepted the offer. I invited him, however, as a matter of professional courtesy and professional policy, knowing that should the case result fatally, “every fool would be meddling,” and “busybodies speaking things which they ought not.” I was treating other patients at Grand Ledge at the time, and could manage the case in question with less trouble than I otherwise could. There was nothing said about my not wanting to “appear as a dead-head in the enterprise,” nor did I ask him to “let me do as much as possible.” In the course of the conversation, from something the doctor said, I feared, that, on the strength of my invitation, he considered himself “engaged to operate,” as he states in his letter to the JOURNAL. So, in order that there might be no misunderstanding, I said: “Doctor, I expect to *operate* myself: I want you to help.” He then asked what part I wanted him to do. I said, “Whatever may be required as we go on with the operation.” He then remarked that he presumed there would be enough for both of us to do. Said he: “I would like to

make the first incision. To this latter remark I made no reply, nor did I deem the matter of any importance, though he has since urged it as a strong point.

Before leaving Dr. Jenks' house, I said to him that it might be well, if he had no objections, for me to take along the trocar, so that I might have it in case he should not come. He replied by saying that he would come. Early on the day of the operation I visited the patient, but before leaving Lansing, arranged with Dr. Post to come later on the cars, and that in case Dr. Jenks came to accompany him to the residence of the patient. Dr. Post asked me if the operation would be delayed in case Dr. Jenks should not come? "Certainly not," said I. Drs. Post and Jenks met on the train and came to the house together. Dr. Jenks says that he subsequently learned that the fact of his intended presence had been carefully kept from the knowledge of both the family of the woman and the local profession. Though the matter was of no special importance, I did mention it at the first opportunity I had, and also the fact that "*my large Weir's atomizer*" belonged to Dr. Jenks. On his arrival, however, he was not slow to investigate its running, and to call attention to the fact that the "machine" was his, and we were not allowed to forget the fact, for before leaving the house he in one way or another, called attention to the fact four different times. (Price of steamer \$11.25.) Dr. Jenks did not see the patient till everything was ready for the operation, nor until I assisted the patient to the operating table. The husband of the patient informs me, that after the patient was placed on the table, Dr. Jenks called him one side and asked him if he was aware that his wife might not survive the operation? The husband told him that I had so in-

formed him. Dr. Wright informs me that Dr. Jenks then called him one side and asked him if the family were aware that the patient might die on the table? I submit that it was not Dr. Jenks' business nor duty, but my own, to advise the friends of my patient of the dangers of the operation. I did not *ask* Dr. Jenks or any one else to "confirm" my diagnosis. Dr. Post administered the ether, after which I marked with an "indelible" pencil the site for the abdominal incision, and remembering Dr. Jenks' request to let him make the first incision, I handed him the knife and asked him to make it. He cut near to the linea alba and said he could not find it. I then took a probe and felt for, found it, and slightly opening the peritonæum, passed a grooved director, and together we opened it to the full extent of the external incision. We both explored the tumor. Through a large rupture in the cyst the doctor "prodded" round, as I suppose, to find another cyst, which, by exploration with my hand, I found did not exist. The doctor says; "After the tumor had been sufficiently reduced to permit its extraction, I applied Storer's shield at the junction of the pedicle and the cyst." Now, if it will be of any consolation to him, I will admit that the shield should be included in any inventory that might be made of the instruments he brought, but I do most emphatically deny that it was used, or that there was any occasion for its use.

I first grasped the pedicle with my right hand, and lifted with my left the remaining portion of the tumor through the incision. As it emerged from the abdomen it tended to draw forcibly the pedicle, and its weight made it difficult to hold. At this juncture I politely requested (but did not "instruct") Dr. Jenks to remove a portion of the tumor I was holding in my left hand, in order to diminish its weight,

while we should secure the pedicle. This he did. Then, without any "instruction," though by a polite request from me, he handed me a pair of compressing forceps, They having concave jaws, would not compress the pedicle, so I requested him to hand me forceps that would tightly compress it. He then handed me a pair whose blades were less concave, but were still too much so to produce the necessary pressure. Dr. Jenks then applied a pair of straight-jawed forceps, but as they were adjusted to one side of the pedicle, I politely requested him to apply a pair of forceps to the other side. Accordingly he applied a pair which included a portion of the pedicle already compressed, but not reaching to the opposite edge of the pedicle; so I requested him to adjust a pair to include that portion not compressed by the first two, which he did. The jaws of the compressing forceps first adjusted were long enough to have completely compressed the pedicle had it been well adjusted, which, owing to hurry, poor eyesight, *or some other cause*, he failed to do. After the three large forceps were adjusted, I had my hands full to manage them and the pedicle, especially as I had to look after another large pair of compressing forceps, which Dr. Jenks, without "instruction," or even polite request from me, attached, early in the operation, to the walls of the abdomen, from which it was dangling. It was applied to a capillary vessel, which did not even emit a jet of blood when cut. It was done before I could get to it with artery forceps to twist it. These forceps caused a large slough, and endangered the life of the patient, and would have proven fatal only for the fortunate circumstance that the peritonæum healed by first intention. With all these instruments in place Dr. Jenks handed me Storer's

clamp shield, and "instructed" me to adjust it, but I politely informed him I hadn't room, and handed them back, and they were not applied. These instruments were all the doctor's, and were selected from a nice variety of others, the most of which, by the way, looked very bright and new.

The doctor says that the tumor was multilocular instead of unilocular. I do not know how he ascertained that to be true except that "*ovariotomists of experience* would expect it to be from its size, and after having discovered the peculiar consistency of its contents," notwithstanding his remark, after we were well along with the operation, that he feared the tumor was malignant! Had the "experienced ovariotomist" then discovered more than one cyst?

Dr. Jenks says: "After severing the stump, I cauterized the end thereof with my Paquelin's thermo-cautery." I never before witnessed such an ostentatious display of instruments. I submit that it was not essential to mention how the metal was heated except to give notice that Dr. Jenks has a Paquelin's thermo-cautery. I had at hand every instrument and dressing required. I had disinfected my sponges and boiled my silk thread after arriving at the house in the morning. The doctor brought a large number of instruments, at his own instance, but not by my request. He seemed desirous of having them used in the operation. He was the most "forward" assistant I ever saw at an operating table. Though his officiousness was distasteful to me as it was, I think, to all present, and though his vanity blinded him to the rights and merits of others, I thought, as he was my guest, there was no harm in humoring his conceit by letting him "swash," not thinking he was attempting as "flat a burglary as ever was committed," and if I permitted him to do more than assistants usually

do it was through politeness and courtesy on my part. The carbolic acid, æther, disinfected gauze, mackintosh, and wire used were my own, as were part of the instruments employed.

The doctor in referring to the removal of a portion of the tumor which had escaped into the abdomen, undertakes in a most presumptuous way to "damn me with faint praise," and says that I rendered him valuable assistance in the dexterous manipulation of the sponge; that he is under obligations to me, etc. Others are under still greater obligations to me for the same, for at least two pounds of the material was removed after Dr. Jenks proposed to close the wound, which he says he closed by means of silver wire. Now that was done by myself as much as by him, as we assisted each other in that, as in about all other parts of the operation, except when the patient bled terrifically from the site of an adhesion, when the doctor stepped back from the table and exclaimed; "Doctor she is bleeding to death;" repeated the exclamation and added: "if you can do any thing for her, do it." To this I made no response but soon had the hæmorrhage under control.

Now at this juncture had the patient died, would Dr. Jenks or any one else have claimed that *he* was the principal in the case? I would not have done so, certainly. He speaks of the patient's recovery being due to my carrying out his instructions? "What strong meat does this our Cæsar feed upon," that he, in his conceited pride and pedantic ignorance, lavishes upon me his "instructions" which were as gratuitous as they were presumptuous, and which were not heeded by me in the least.

I assumed the responsibility of, and met every emergency in the case, notwithstanding Dr. Jenks'

effort to "grasp the skirts of happy (?) chance" to add to his waning laurels as a specialist.

True it was something to have come from Detroit, but Dr. Jenks' experience and observation should have taught him, ere this, that "promotion cometh not from the east nor from the west." I think I am safe in saying that I have done as much difficult and successful surgery as has Dr. Jenks. I never engaged him or any one else to operate for me. I have been assisted, however, by men, who, in my estimation, were more able, but who never arrogated to themselves the credit of operating for me, even though they may have made, in the modesty of true science, a polite suggestion; nor do I think they have felt their dignity so weak, as to be impaired by acting as such assistants.

The first I was made aware that Dr. Jenks claimed the case, was conveyed to me in the following letter:

GRAND LEDGE. NOV. 1, 1884.

DR. GEO. E. RANNEY :

Dear Sir—Dr. Messenger, of this place, has just shown me a report of my mother's case, published in the "*Medical Age*," of Detroit, which was sent him by Dr. Jenks, of Detroit. The report says that Dr. Jenks made the operation, and mentions your name, among others, as one of the assistants. What does that mean? We certainly did not employ Dr. Jenks to make the operation, and the report seems unjust to you, and certainly contrary to the facts as I observed and understood them.

Yours truly,

JAMES E. TAYLOR.

GRAND LEDGE, MICH., NOV. 1, 1884.

GEO. E. RANNEY, M. D., Lansing, Mich.;

I observed a statement in the Detroit *Medical Age*, that Dr. Jenks, of Detroit, removed an ovarian tumor from Mrs. Edwin Taylor, of Grand Ledge, on the 8th of Oct., which statement was indeed a surprise to me. As I had treated her for some time previous, and even up to the time the operation was performed, and being informed by Mr. Taylor that he had employed you to perform the operation, and knowing nothing of Dr. Jenks, or

that he intended to be present, I certainly considered her your patient, and undoubtedly the other physicians who assisted considered it likewise. I being present at the operation, do not see wherein Dr. Jenks could possibly claim the honor of performing said operation, and I write you for information.

Respectfully yours,

A. J. WRIGHT, M. D.

Dr. Davis heard that the operation was credited to Dr. Jenks, and left word with the husband of the patient that he would like me to call on him some day when convenient. I accordingly did so, when he expressed surprise that Dr. Jenks should have claimed to have made the operation. I then asked him to express the same in writing. He was then in haste to answer an urgent professional call, and said he would write it as soon as he got home and send it by mail. He accordingly sent me the following letter:

GRAND LEDGE, Nov. 12, 1884.

DR. RANNEY:

Dear Sir—I was present and assisted you in a case of ovariectomy on Mrs. Taylor, of Grand Ledge. I understand the case has been credited to Dr. Jenks, but I cannot imagine for what reason. From the first I regarded you as the responsible one and principal in the case.

Your truly.

W. A. DAVIS, M. D.

The above are statements made "in the interest of truth and honesty," by all present at the operation save one, whose verbal statement, with his permission, I would be glad to quote.

GEO. E. RANNEY.

LANSING, Jan. 12, 1885.

